For Office Use Only	\$120

Application for Psychology Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 4

1 2			
1	First Name and Middle Name		
3.			
3. Mailing Address			
4. 5.			
4. City, State, Zip Code 5. E-Mail Address			
6. 7. 8			
6	ımber*		
9. Male Female 10.			
9. Male Female 10. If any of your documentation is in a name other than your current name, list the previous in the previous of the previous o	names of rec	ord	
The following questions must be answered. If you answer "Yes" to any of the next six questions, (1) attach explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing			
recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice sui			
disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or			
your record.	1 0		
11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime	Yes	No	
(Other than minor traffic violations with fines under \$500)?			
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No	
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, Yes N			
registration, or certification authority or organization institute disciplinary action against you related to your			
professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).			
• /	Yes	No	
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization			
related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).			
to any question).	Yes	NT.	
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession	res	No	
with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review			
Committee, you may answer "NO" to this question.)			
	Yes	No	
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are			
currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)			
<u>l</u>			

Licensure to Practice Psychology

17. Are you or have you ever been licensed or certified as a psychologist by a Board of Psychology in Iowa or any other state? If yes, which state(s)?		No 🗌
18. Are you or have you ever been licensed or certified as a psychologist by any state agency other than a Board of Psychology (<i>such as a State Department of Education</i>)?	Yes 🗌	No 🗌
If yes, which state(s)?		
Name of board or agency		
Address		
Date and number of license/certificate		
19. Do you wish to inform the board of any physical or mental condition, which would require special accommodations for the administration of the examination?	Yes 🗌	No 🗌
Professional Education		
20		
21. Degree Date:		
22. Was your graduate school accredited at the time of graduation?	Yes	No 🗌
23. If you began supervised professional experience prior to the date degree was/is conferred, provide your graduation date below, and request a letter of verification from the school.		
Graduation date:		
24. At the time of your graduation was the doctoral program (check if known):		
Accredited by the American Psychological Assn. (APA) or the Canadian Psychological Assn?	Yes 🗌	No 🗌
Designated by the Association of State and Provincial Psychology Boards (ASPPB) National Register Designation Project?	Yes 🗌	No 🗌
25. Do you hold a specialty diploma by examination from the American Board of Professional Psychology?	Yes 🗌	No 🗌

Supervised Experience after Receiving Degree (requires verification)

Begin with most recent practice setting. Additional sheet may be attached if needed. Institution, company or agency _____ Position or Title _____Supervisor(s) _____ Current Address of Supervisor(s): Schedule of face to face/individual supervision Description of activities and responsibilities: Institution, company or agency _____ Position or Title _____ Supervisor(s) _____ Current Address of Supervisor(s): Schedule of face to face/individual supervision _____ Description of activities and responsibilities:

26. [Supervisors must be licensed psychologists who are actively licensed in the jurisdiction where the supervision occurs]

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

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27	
Applicant must sign here in ink	Date
CHECKLIST AND INSTRUCTIONS: Print in ink or type. Supporting documents and for considered complete. Payment can be made by check or money order, payable to the Iowa Board	
Application by Examination Non-refundable application fee \$120. Payment can be made by check or money order, payabl Official transcripts with the school seal and degree attained, mailed directly from the school to Supervision Registration (prior to EPPP) Verification of Supervised Experience requirements	
Applicants for Endorsement ☐ Non-refundable application fee \$120. Payment can be made by check or money order, payable ☐ Official copy of EPPP score, sent from ASPPB or the state of initial licensure ☐ Official verification of licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously or currently licensure from each state or country in which previously in the each state or country	censed
☐ Official transcripts with the school seal and degree attained, mailed directly from the school to Verification of Supervised Experience requirements	o the board office.
OR one of the following sent direct from the certifying organization:	
 Current Certification of Professional Qualification that was originally issued by the Association Psychology Boards on or after January 1, 2002. Current credentialing at the doctoral level as a Health Service Provider in Psychology by the N Register of Health Service Providers in Psychology. Board certification by the American Board of Professional Psychology that was originally gran January 1, 1983. 	Vational

Applications must be complete and signed in ink to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. Mail the original completed application bearing signature in ink to:

Iowa Board of Psychology Bureau of Professional Licensure Lucas State Office Building, 5th Floor 321 E 12th St. Des Moines, IA 50319-0075

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.